


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Clinical Peer Review and Medical Records Review	POLICY NO: AD-CL-02	Page 1 of 4
RESPONSIBILITY: Clinical Programs		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 04/19/2017	
	LAST REVIEWED/REVISED: 11/14/19	

PURPOSE:

- A. To define the process and describe the activities of the peer review as they relate to the improvement of healthcare quality, performance, effectiveness, and efficiency of patient care by the mental healthcare providers.
- B. The goal of the peer review process is to provide the ongoing monitoring of the quality, appropriateness, and utilization of the services provided, as well as to identify training needs and improve the quality of services.

POLICY:

- A. It is the policy of GBHWC to conduct peer reviews. It takes a two (2) pronged approach in its peer review process; medication utilization review conducted by the Medical Staff, and quality medical records review conducted by the Peer Review Committee (PRC).
- B. The Clinical Committee shall have oversight of the peer review process.
- C. All Medical Staff members are required to participate in medication prescribing peer review semi-annually to identify simultaneous use of multiple medications in the same drug class, medication interaction, and to assess the appropriateness of each medication as determined by:
 1. The needs and preferences of each consumer.
 2. Efficacy of the medication.
 3. The presence of side effects and unusual effects.
 4. Contraindication were identified and addressed.
 5. Necessary tests were conducted (e.g. AIMS test, Blood Test).
- D. The Peer Review Committee shall be created by the Clinical Committee. Membership by discipline will be determined by the Program Administrator and Section Heads of the discipline.
- E. Medical records quality review of the documentation and services provided shall be conducted quarterly on current and closed cases that addresses the following, as evidenced by the medical record of the consumer:
 1. The quality of services delivery.
 2. Appropriateness of services.
 3. Patterns of service utilization.
 4. Model Fidelity, when an evidenced-based practice is identified.

- F. Peer review documentation is considered confidential and the results of such reviews will be communicated only with the appropriate individuals. A written summary report identifying training needs shall be reported and provided on a quarterly basis to the Quality Performance Improvement Committee (QPIC) meeting.
- G. Every attempt will be made to ensure that fair, equitable, and non-biased procedures are utilized in all peer review proceedings. Peer review will be included in the credentialing and privileging process of the medical staff practitioners and the performance evaluation of other mental health providers.

DEFINITIONS:

- A. Mental Health Providers: Includes Psychiatrists, Psychologists, Mental Health Nurse Practitioners/Psychiatric Nurses, Counselors and Clinical Social Workers.
- B. Peer: An individual practicing in the same profession and who has expertise in the appropriate subject matter.
- C. Peer Review: The objective evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care.
- D. Review Indicators: Identifies a significant event that would ordinarily require analysis by mental health provider peers to determine cause, effect and severity. The GBHWC review indicators that may trigger a peer review shall include but are not limited the following:
 - 1. Sentinel Events or significant adverse outcomes
 - 2. Critical Incidents
 - 3. Adverse Drug Reaction
 - 4. Mortality
 - 5. Multiple readmission to crisis stabilization in a month
 - 6. Substance abuse relapse within 30 days of abstinence
 - 7. Persistent or repetitive violations of medical records standard documentation issues
 - 8. Complaints involving medical care or physician behavior
 - 9. Cases as identified by the Medical Director, Program Head or Supervisor where opportunities to improve may be addressed.

PROCEDURE:

- A. Medication Prescribing Peer Review – conducted by the Psychiatrists on active cases, semiannually
 - 1. The *GBHWC Medical Staff Peer Review Form (F-AD-CL-02.1)* shall be used for each peer review conducted.
 - 2. Twenty (20) open cases that meets the review indicators shall be selected by the Medical Director for review.
 - 3. If no cases meet the review indicator, the Medical Director shall randomly select twenty (20) charts for review.
 - 4. When a case is selected for review, the reviewer is not the person responsible for providing the service/treatment.
 - 5. Peer Review forms must be turned in to the Quality Improvement Section within two weeks of the Peer Review date.
 - 6. Any deficiencies found in the chart peer review should be identified and corrected.

7. A summary report of the peer review findings (identifying training needs) shall be provided to the Quality Improvement committee.
- B. Medical Record Quality Peer Review by Discipline – conducted quarterly by the Peer Review Committee
1. The Peer Review Committee will conduct quality record reviews every quarter using the following forms for their corresponding disciplines:
 - a. *Social Worker/Counselor Peer Review Form (F-AD-CL-02.2).*
 - b. *Inpatient Nursing Peer Review Form (F-AD-CL-02.3)*
 - c. *Outpatient Nursing Peer Review Form (F-AD-CL-02.4)*
 - d. *Psychology Peer Review Form (F-AD-CL-02.5)*
 2. Fifteen (15) open charts (concurrent review) that meet the review indicators within the previous quarter and fifteen (15) charts closed within the year shall randomly be selected by the program head.
 3. If no cases were identified to meet the concurrent review indicator, the program head shall randomly select fifteen (15) open/active charts for review.
 4. When consumer records are selected for review, the reviewer should not be the person responsible for providing the service/treatment.
 5. All peer review forms shall be turned in to the Quality Improvement section within 2 weeks of the audit/review date.
 6. Any deficiencies found in the chart peer review should be identified and corrected.
 7. A *Peer Review Summary Report (F-AD-CL-02.6)* of the recommendations (identifying training needs) shall be provided to the Quality Improvement committee or QI section.
- C. Documentation and Timeliness of Peer Review Process
1. Medication prescribing peer review shall be conducted semi-annually; any recommendation shall be included in the mental health provider's performance evaluation.
 2. Routine medical records peer review shall be conducted and reported by the committee quarterly.
 3. Documentation stemming from peer review recommendations shall be placed in peer review minutes and, specific recommendations will be send to the staff supervisor to be included in his/her performance evaluation.

ATTACHMENTS:

F-AD-CL-02.1 Medical Staff Peer Review Form
F-AD-CL-02.2 Social Worker/Counselor Peer Review Form
F-AD-CL-02.3 Inpatient Nursing Peer Review Form
F-AD-CL-02.4 Outpatient Nursing Peer Review Form
F-AD-CL-02.5 Psychology Peer Review Form
F-AD-CL-02.6 Peer Review Summary Report Form

SUPERSEDES: Peer Review of Medical Record Protocol; Effective date/signature date; July 31, 2012. Approved by Director Wilfred Aflague

REVIEW DATES: 3/26/2019



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

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Policy No: AD-CL-02

Initiated by: Clinical Program

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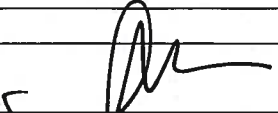
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